


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000002603

1. Entity Name
CATHOLIC CHARISMATIC CHURCH, INC.



Principal Place of Business 4500 37 ST S. STE 103 ST PETERSBERG, FL 33711 US	Mailing Address 4500 37TH ST S. STE 103 ST PETERSBERG, FL 33711 US
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07012006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3480894	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DENTE, PAUL REV
 4500 37TH ST S.
 STE 103
 ST PETERSBERG, FL 33711**

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

100000569605
 07/12/06-80006-005 61.25

**Filing Fee is \$61.25
 Due by September 8, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVD DENTE, FR P 4500 37TH ST S., STE 103 ST. PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DENTE, MAROLYN 4500 37TH ST S., STE 103 ST. PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO MOST REV J PAUL BOUCHER 4500 37TH ST S., STE 103 ST PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROSE, HAROLD 4500 37TH ST S. #110 ST PETERSBERG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rev. Paul Dente **REV. PAUL DENTE** 07-07-06 7278652105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #